A&D HIGHLIGHTS

Vol. 2 No. 12 Winter 2004

Dr. PERRY'S CORNER

THE STATE OF TENNESSEE SHOWS STRONG COMMITMENT TO CO-OCCURRING DISORDERS

Stephanie W. Perry, M.D.

The State of Tennessee has made significant progress in addressing the issue of co-occurring disorders. The Department of Health (TDH), Bureau of Alcohol and Drug Abuse Services (BADAS) and the Department of Mental Health and Developmental Disabilities (TDMHDD) have joined together to engage in developing innovative approaches to combat co-occurring disorders. This relationship has provided the State of Tennessee the opportunity to develop a comprehensive plan to effectively address the needs of this special population.

Dr. Stephanie W. Perry with Ashley Winrow Senior at MTSU and summer intern with the Bureau.

The commitment to co-occurring disorders began with independent consultants completing a comprehensive statewide needs assessment for co-occurring disorders. The assessment identified the state's needs and resources, and made recommendations on the development of a system of care that would address co-occurring disorders, specifically mental health and substance abuse. Later, Tennessee began its strategic plan for addressing co-occurring disorders by initiating a Statewide Co-Occurring Training Conference. Over 300 mental health and substance abuse professionals were trained in motivational interviewing and clinical issues impacting adults with a co-occurring disorder. The assessment also identified the need for a curriculum for mental health and substance abuse providers to educate and provide tools for effective and appropriate treatment of co-occurring disorders. In April 2000, TDMHDD and BADAS hosted a training conference and released the Co-Occurrence Training Manual to mental health and substance abuse professionals.

The needs assessment also recommended that an administrative central office be established in Tennessee that would address dual diagnosis issues statewide. As a result, the Dual Diagnosis Recovery Network (DDRN) was created in Nashville. DDRN provides statewide activities addressing issues and needs of co-occurring disorders. A Statewide Dual Diagnosis Service/Resource Directory was developed that identifies more than 25 providers who offer co-occurring services for mental illness and substance abuse. DDRN is also very involved in organizing professional conferences and workshops designed to reach professionals. The goal in training professionals in the area of co-occurring disorders is to increase awareness and skills. Twenty-nine training workshops were completed. Because of DDRN's work in the co-occurring community, the program received the 2000 Model Project Award from NAMI-Tennessee and was recognized as a SAMHSA Model Program at the national conference in Orlando, Florida. One of the state's contractors, Foundations & Associates, was a contender for the National American Psychological Association award.

BADAS and TDMHDD have continually taken an active role in evaluating co-occurring initiatives. One such evaluation consisted of surveying 96 Dual Recovery Anonymous (DRA) participants in ten separate meetings to measure the impact DRA has had in education and awareness, and overall personal recovery. The results suggested that DRA has had a significant impact on the lives of its participants in the critical domains of personal recovery and education and awareness.

In March 2003, the departments jointly expanded the scope of the program under the leadership of Commissioner Kenneth S. Robinson, M.D. (TDH) and Commissioner Virginia Trotter Betts (MHMDD) by organizing the Co-Occurring Task Force and establishing seven major statewide priorities for Tennessee. Those priorities are:

- Adopt the SAMHSA approach and best practice guidelines to treatment of individuals with co-occurring disorders which includes the three stated treatment options or approaches:
  a. Consultative
  b. Collaborative
  c. Integrated
- Request the Governor's Office to apply for the COSIG Grant
- Endorse curriculum changes for trainees in psychology, social work and related fields
- Facilitate communication between providers and promote screening for co-occurring disorders in substance abuse and mental health communities to include mobile crisis programs, inpatient hospital settings, institutional settings, as well as all outpatient service settings

cont. page 3

CONGRATULATIONS TENNESSEE TREATMENT PROVIDERS

By Julie A. Smith, Director of Finance and Systems
Bureau of Alcohol and Drug Abuse Services

The National Survey of Substance Abuse Treatment Services (N-SSATS) collects information from all known treatment providers, public or private, and is the most comprehensive national source of data on alcohol and drug abuse treatment facilities. The survey information assists federal, state, and local administrators in the development, planning, and financing of treatment programs. The information is collected for a specific point in time, giving a snapshot of the alcohol and drug abuse treatment services system nationwide.

This survey is also used to update the national directory of drug and alcohol abuse treatment programs. The national directory is on-line as the "Substance Abuse Treatment Facility Locator" at http://www.findtreatment.samhsa.gov.

The 2003 N-SSATS response rates for state approved facilities as of October 10, 2003 showed Tennessee at a 99.4%, while the total response rate for all state/jurisdiction/federal Agencies was 97%. Congratulations Tennessee treatment providers!!

Important dates for the 2004 N-SSATS are:
Mail the advance letter to the facilities .....February 16, 04
Initial questionnaire mailing / Web availability .....March 31, 04
Second questionnaire mailing to non-respondents.May 28, 04
Begin telephone follow-up.....June 17, 04
End data collection.....October 1, 04

TENNESSEE NATIONAL GUARD RECEIVES NATIONAL RECOGNITION FOR EFFORTS TO MAKE COMMUNITY DRUG-FREE

The Tennessee National Guard (TNG), has been honored by Community Anti-Drug Coalitions of America (CADCA) with the **2002 National Guard Drug Demand Reduction Award**. The award recognizes their successful efforts in building a safer, healthier, drug-free community.

The TNG was honored for its successful efforts in aiding the communities of Tennessee and community coalitions in particular. The TNG's diversified Drug Demand Reduction Program (DDR) reaches nearly every community within the state. In 2001, the TNG's Counterdrug Division launched a statewide campaign entitled "Coalitions Across Tennessee" resulting in the formation of five new community anti-drug coalitions, all of which are now CADCA members.

Upon presenting the award, CADCA Chairman and CEO Arthur T. Dean noted, "I certainly appreciate the efforts of all the men and women involved in the Drug Demand Reduction program of the Tennessee National Guard. Their tireless efforts to serve their country and their local communities deserve not only applause from us, but from people across the Volunteer State."

Lt. Col. Robert Murphy, of the Tennessee National Guard accepted the award during CADCA's National Leadership Forum XIII on February 13, 2003 in Washington, D.C. For more information about CADCA, visit www.cadca.org. For more information about joining or starting a coalition in your community, contact Pam White at the Nashville Prevention Partnership (615) 297-7635. ■

ADAT PROGRAM EXPANDS

New DUI laws that went into effect last fall have allowed the Alcohol and Drug Addiction Treatment (ADAT) program to expand its services to include more types of DUI offenders and more levels of treatment. The ADAT program now covers assessments, ambulatory detoxification and residential services. The Tennessee General Assembly enacted legislation to subsidize the cost of treating those convicted of a repeat DUI offense. The legislation also enabled the ADAT service provider network to expand from 16 to 38 treatment providers. Revenues from mandatory Driving While Impaired (DWI) fines, proceeds from DUI confiscated vehicles, renewals of temporary license plates and beginning July 1, 2003, a $100 ADAT fee (paid by the offender) are all used to fund this program.

The purpose of the ADAT program is to pay the costs of treatment services for indigent, repeat DUI offenders who are court ordered to participate in an alcohol and drug abuse treatment program. Since ADAT's inception in 1998, over 2800 people have been approved for treatment.

An assessment-based program, ADAT includes a full continuum of treatment services. The results have demonstrated positive outcomes in several areas. Abstinence, employment and recidivism are particularly interesting. The Tennessee ADAT-DUI Outcome Evaluation, conducted by the University of Memphis, indicates that six months after treatment, 78% of the participants abstained from alcohol use at the time of follow-up. Significantly more respondents were employed full-time (56.8%) than at admission (36.5%) and only 10% have been re-arrested.

In December, a statewide ADAT Provider Meeting and Training Workshop was held at the Mid-Cumberland Regional Health Office in Nashville. A total of 75 people attended. For more information about the program, contact Ms. Pat Wilson, ADAT Program Director, at 615-741-1921 or by email at Pat.Wilson@state.tn.us ■

Health Parity: a Valuable Goal for the Tennessee Department of Health

by Dr. Elizabeth A. Williams, Ph.D.,
Director of Disparity Elimination
Tennessee Department of Health

The Commissioner of the Tennessee Department of Health, Dr. Kenneth S. Robinson, M.D. has made health parity one of the cornerstones of his administration. To this end, he has created an executive level position within his administration devoted solely to eliminating disparity and achieving health parity for vulnerable Tennesseans. The unprecedented position, entitled Director of Disparity Elimination, was implemented in summer of 2003.

If you ask the average American whether health is a right or privilege, most would eagerly respond that health is a right to be equally enjoyed by all. Yet, the Institute of Medicine (2002) and Agency for Healthcare Research Quality (2002) recently report that differences in health care access, quality, and health outcomes remain significantly compromised for particular groups of Americans. Findings like these suggest a cultural mismatch between what we say we believe and what we actually believe demonstrated through our institutions, policies, and behaviors.

What these studies, as well as a growing body of research, indicate is that what we actually believe about health is that it is a privilege, to be enjoyed by some, but not fully by all. For many their "right" to healthy outcomes is compromised by income, affecting how they are treated or perceive treatment received in health care settings. Others' health care rights are affected by the inability of health care professionals to communicate in their primary language or be responsive to cross-cultural difference. Still others' right to health is challenged because of where they live or as a result of having a disability. We say we believe in equal access to quality health care and all having a high quality of life, yet these kinds of circumstances, now popularly termed "health disparities," are too often the reality for many Tennesseans. The persistence of health disparities should be particularly troubling for those in public health because of our longstanding responsibilities to protect, promote, and assure the health of all, particularly the most vulnerable.

As public health practitioners we should alarmed, but not paralyzed by these findings. We must remain hopeful because we know that "what currently is" is not "what has to be." Positive and sustainable change is achievable when problems are clearly defined, workable strategies are identified, interested and responsible parties are equally invested to change, and close attention is given to making and evaluating change. The Tennessee Department of Health (TDH) is working to achieve all of these around health disparity.

Disparity Defined

The first task for the Director of Disparity Elimination has been to define health disparity for TDH by recognizing that the health of Tennesseans is affected across the lifespan by multiple factors. Appreciating all of these issues, TDH has chosen to define health disparity as "a difference in health status, health care access, quality, and utilization that occurs because of social race, ethnicity, income, education, gender, geographic location, or disability and is fundamentally unfair in policy design and practice."

In defining the scope of the issue for address, TDH has identified six disparity elimination priority areas, which include:

Infant mortality
Prenatal care
Adolescent pregnancy
Diabetes
Heart disease
Stroke

Crafting the Strategies, Involving interested entities and people

Identifying the scope of the issue has required crafting a viable plan of action. Therefore, TDH has outlined a strategy for disparity elimination that includes:

cont. next page

Dr. Perry's Corner...cont.

- Cross-train providers on all three approaches per SAMHSA guidelines
- Endorse the establishment of a core group that would be of no cost to the state to serve as a coordinating point for both departments to define and set priorities as needed
- Identify service gaps and provide incentives to providers to fill those gaps by adopting SAMHSA's recommendations for treatment of co-occurring disorders, encouraging them to seek out other funding sources

In April 2003, SAMHSA announced that they were accepting applications for grants to develop and enhance their infrastructure to improve treatment for persons with co-occurring substance abuse and mental disorders. Awards will be made available for fiscal year 2003 and will range from $500,000 to $1.1 million for up to five years. TDMHDD and TDH organized a group of alcohol and drug and mental health providers to partner with the departments to write the grant. Over a three-week period, the workgroup had a series of meetings, conference calls and wrote the grant.

Special recognition and thanks to the following individuals and their agencies who were members of the workgroup: Pam Raby, Foundations; Vicki Harden, Foundations; Jan Hooks, Ridgeview; Debbie Hillin, Buffalo Valley; Bonnie Currey, AIM Center; Donna Grayer, Park Center; Al DeHart, Comprehensive Community Cares; Fran Crater, Centerstone; Tom Doub, Centerstone; Hilde Phipps, Helen Ross McNabb; Diana Irick, Frontier Health; John Seiters, Foundations; John York, TAADAS; Kelly Lang Ramirez, TAMHO; Joy Spivey, TDMHDD; Ken Horvarth, TDMHDD; Dennis Wenner, TDMHDD; Julie Smith, TDH; Ira Lacy, TDH; and Rick Bradley, TDH. A special thank you to Michael Cartwright, Foundations, for the use of his facility and Assistant Commissioner Melanie Hampton for her endless commitment to this cause.

Due to the unified approach the State of Tennessee has taken, many challenges have been minimized. The State continues to lead the nation in its determination to effectively address and provide services to the co-occurring community and reaffirms its commitment to serving this very special population. ■

HEALTH PARITY...cont.

Being change focused - Having identified the need, the status quo can no longer be accepted.

Doing what public health does best - Caring for the least and the most - the least reached and the most impacted.

Being holistic - Improving outcomes requires working within the whole system — Bureaus, Central Office, Local Health Departments, Metro Health Departments, Regional Offices, service providers, as well as with statewide constituents.

Being specific - Identifying and implementing efforts that are data driven and goal centered.

Being action oriented - Real change at the State and local level, in communities, and for all Tennesseans requires work. Our success lies in working together.

Being sustainable - Working to ensure that our efforts are concrete and become the standard way TDH does business.

For TDH, disparity elimination marks a new beginning of health parity for all Tennesseans. Therefore, we welcome the opportunity to work with organizations, communities, and individual stakeholders to insure what we say we believe about health as a right is consistent with how TDH provides public health in Tennessee.

Editor's note:
The Bureau of Alcohol And Drug Abuse Services has established the A&D Disparity Elimination Work Group. The group's purpose is to:

- Assess the need for cultural competency,
- Raise community awareness on cultural diversity in substance abuse services,
- Train and educate Bureau staff and substance abuse providers,
- Determine health disparities and solutions in treatment and prevention.

The Disparity Elimination Work Group, staffed by Kaye Chavis, Special Projects Coordinator, will be working with the Office of Health Care Disparities under Dr. Elizabeth Williams to reduce substance abuse among disparate populations. Additionally the work group will more clearly define the critical link between substance abuse and the six priority areas.

(The Healthy People 2004 website, www.healthypeople.gov, provides updated information on the six disparity elimination areas as well as other health information resources and links.) ■

A and D HIGHLIGHTS
of the Bureau of Alcohol & Drug Abuse Services
Tennessee Department of Health

Kenneth S. Robinson, M.D.
Commissioner

Stephanie W. Perry, M.D.
Assistant Commissioner
Bureau of Alcohol and Drug Abuse Services

Prepared and Distributed by the Bureau of Alcohol & Drug Abuse Services (615) 532-7807
Jackie S. Bruce, Editor
Virginia A. Watkins, Circulation Manager

Tennessee Bureau of Alcohol & Drug Abuse Services. Authorization No. 343180, 1,500 copies, December 2003. This public document was promulgated at a cost of $0.39 per copy.

Bureau of Alcohol & Drug Abuse Services
Tennessee Department of Health
425 Fifth Avenue North
Cordell Hull Building, 3rd floor
Nashville, Tennessee 37247-4401